	Superilate	FORE attendation to response to the second t	TON KECOR)	Applic	allony or Docke	Minary
APP	LICATION AS FILED - (Column 1)	- PART I (Column 2)	0 444		1 10	2/00	200
FOR	NUMBER FILED		SMAL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
BASIO FEE (87 CFR 1.18(a), (b), or (d))	TOTALDER PILED	NUMBER EXTRA	RATE (1)	FEE (1)			- C11111 A
SEARCH FFF				(CE(4)		RATE (\$)	FEE
(87 OFR 1.(6(K), (I), or (m))			1				
EXAMINATION FEE BY OFR 1.18(d), (p), or (qi)			4				1
TOTAL OF AIMS			11		· •		+
97 CFR 1.16(II) NDEPENDENT CLAIMS	minus 20 ≈	4	× 05:	1]
TOFR 1.16(N)	minus 8 ==		X 25 =		OR	x 57	
	If the specification and	fraudnas au	x /00 =		1	x200=	
PPLICATION SIZE EE	sheets of paper, the apple \$250 (\$125 for small	olication size fee due			-	NO UU =	
7 CFR 1.16(s))	additional 50 chapte	muty) for each		:	· †	٠, ا	٠.
					- 1.		•
ULTIPLE DEPENDENT C	LAIM PRESENT (37 CFR 1.16	emi	105				•
The difference in set	(01 01101.16	-VIII	180		1	360	
with reflect the column 1	1 is less than zero, enter "0" in	n ∞lumn 2.	TOTAL		L	000	
APPLICATI	ION AS AMENDED – F	DADT #	TOTAL		•	TOTAL	
しん/ ハイ		OLA II		:	•		
	umn 1) (Col	umn 2) (Column 3)	SMALL -	1.	OR	OTUES	
MOOL REM	MUNING DITIPLIA	HEST PAGES	SMALLE	WILLA	OR	OTHER T	HAN VTITY
AMEN AMEN	TER PREVIO	OUSLY EXTRA	RATE (\$)	ADDI:		RATE (\$)	· · · · · · · · · · · · · · · · · · ·
Total (CFT CFT 1.46(I))	Minus **	FOR		TIONAL FEE (\$)		V:112 (3)	ADDI: TIONAL
Independent (37 CFR L16(N)	Minus ···	d =	x 25		_	100	FEE (\$)
		3	x 101		R X	Do = 1.	. <u> </u>
Application Size Fee (37			1,000	0	R X	200	.,
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM	(37 CFR 1 160)	180	1	_		
			<u> </u>	OI	₹ ₹	360	
	,		ADD'L FEE	OF	To	TAL	
(Colum CLA)	in 1) (Colum	mn 2) (Calumn 3)			, ADD	L FEE	
REMAI	NING	ST .					
AFTE AMEND	PREVIOL	ISIY FXTDA	RATE (\$)	ADDI-	· RA	\TE (\$)	450
Total	MENT. PAID F	OR =		TIONAL FEE (\$)	:1. *	· 1	ADDI- TONAL
Independent			Х =				EE(\$) .
FA CHUSTINEOUS	Minus 444	=	-	OR.	X	_ =	
Application Size Fee (37 C	XFR 1.16(s))		·X =	OR	х		
	AULTIPLE DEPENDENT OLAIM	07 CFR 1 16m					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 OFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the underly gathering, preparing, and submitting the completed application form to the uncount of time you require to complete this form and/or suggestions for reducing (this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.